


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 FEB -1 AM 11:34
DOCUMENT # G63682 (0)			
1. Corporation Name INTERNATIONAL TOOL CORPORATION			
Principal Place of Business C/O LOUIS WILD 1939 TYLER STREET HOLLYWOOD, FLORIDA. 33020		Mailing Address C/O LOUIS WILD 1939 TYLER STREET HOLLYWOOD, FLORIDA. 33020	
DO NOT WRITE IN THIS SPACE.			
		3. Date Incorporated or Qualified 09/27/1983	3a. Date of Last Report 01/25/1994
2. Principal Place of Business 21 2590 DAVIE RD Suite, Apt. #, etc. 22 DAVIE City & State 23 DAVIE FL Zip 24 33317	2a. Mailing Address 25 2590 DAVIE RD Suite, Apt. #, etc. 26 City & State 27 DAVIE FL Zip 28 33317	4. FEI Number 59-2341160	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILD, LOUIS 1939 TYER STREET HOLLYWOOD, FLORIDA. FL 33020		10. Name and Address of New Registered Agent 81 Name WILD LOUIS 82 Street Address (P.O. Box Number is Not Acceptable) 2590 DAVIE RD 83 84 City DAVIE FL 85 Zip Code 33317	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DS WILD, RENEE 1939 TYLER ST. HOLLYWOOD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP DS WILD RENEE 2590 DAVIE RD DAVIE FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP BARNETT, DEAN 1929 TYLER ST. HOLLYWOOD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP VP BARNETT DEAN 2590 DAVIE RD DAVIE RD 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.			
SIGNATURE: <u><i>Renee Wild</i></u> RENEE WILD, DS <u>1/24/95</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			